# Calculating FEV1, FVC and FEV1/FVC Ratio by Spirometric Reference Formula on Abdominal Obesity Subjects 

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#### Abstract

World Health Organization (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. ${ }^{(1)}$ Height and age are the most important explanatory variables in Spirometric reference equations. Twenty subjects were selected. Pulmonary function was assessed by Spirometric Reference Equation Subjects were informed about the procedure, merits and demerits of the treatment. Consent is obtained from each subject for voluntary participation. The result shows that the FEV1, FVC and FEVI/FVC ratio are normal on abdominal Obesity subjects. But however, the mean values for boys is slightly higher than girls.


Keywords: Abdominal obesity, Spirometric reference equation, Pulmonary function, Waist Circumference

## 1. Introduction

World Health Organization (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. ${ }^{(1) .}$ Abnormality in the values of $\mathrm{FEV}_{1}, \mathrm{FVC}$ and $\mathrm{FEV}_{1} / \mathrm{FVC}$ was linked with the components of the metabolic syndrome, most importantly with abdominal obesity and with elevated low-density lipoproteins, hypertension, and insulin resistance. They were independent of age, sex, BMI, history of cardiovascular diseases, smoking, or alcohol use. In this research the PFT measurements were all restrictive lung pattern, which is usually seen in obesity-related lung changes. ${ }^{(3)}$

Abdominal adiposity markers like Waist Hip Ratio (WHR) and WC may influence pulmonary function through a mechanism that may restrict the descent of the diaphragm and limit lung expansion, compared to overall adiposity, which may compress the chest wall. ${ }^{(4)}$ BMI and waist measurements are well recognized ways to characterize obesity However, waist measurements are better than BMI measurements for Abdominal Obesity. For this reason, it is recommended to use waist measurements. The absolute waist circumference is $>102 \mathrm{~cm}(40 \mathrm{in})$ in men and $>88 \mathrm{~cm}$ ( 35 in ) in women. (4)

Height and age are the most important explanatory variables in Spirometric reference equations. ${ }^{(8)}$ Guidelines for the measurement of Spirometric indices, aiming to maximise accuracy and precision, focus on equipment, measurement procedures and quality control. They do not, however, address the equally important issues of accurate height and age measurement. Recently, Spirometric reference equations have become available for Caucasians and other ethnic groups from childhood to old age, complete with accurate lower limits of normal. These all-age equations avoid the child-adult disjunction, and they inevitably highlight bias due the disjunction in other equations.
PREDICTED FEV1 $=$ Race $\times 1.08 \times[(0.0395 \times$ height $)-$ ( 0.029 x age)-2.49) ]
PREDICTED FVC $=$ Race $\times 1.15 \times[(0.0443 \times$ Height $)-$ (0.026 x Age) - 2.89]

The normal range of $\mathrm{FEV}_{1}$ is between 3.0 and 5.0 and the normal value of FEV1/FVC ratio is above 0.75 . Values lower the 0.70 are suggestive of airflow limitation with an Obstructive pattern whilst in restrictive lung diseases, this ratio is high. Race variables are 0.93 for Asian, 0.87 for black or African-American and 1 for white Caucasian.

## Subjects and Methods:

The present clinical trial was conducted in Jaya College of Paramedical Sciences, College of Physiotherapy. The study contains both males and females patients above 18 years of age and willing to participate in the study. The purpose of the study was explained to all subjects and consent from each subject was obtained. The subjects were selected by measuring waist circumference. For the study, Twenty subjects were selected. Pulmonary function was assessed by Spirometric Reference Equation. Subjects were informed about the procedure, merits and demerits of the treatment. Consent is obtained from each subject for voluntary participation.

## Statistical analysis

The Mean \& Standard deviation for Continuous variables, namely $\mathrm{FEV}_{1}, \mathrm{FVC}, \mathrm{FEV}_{1} / \mathrm{FVC}$ ratio can be measured. The mean value of FEV1 for boys is 3.555 and for girls is 3.371 , $\mathrm{P}=0.9305>0.05$. The mean value of FVC for boys is 4.320 and for girls is $4.10, \mathrm{P}=0.9319>0.05$. Finally, the mean value of FEV1/FVC ratio for boys is 0.823 and for girls is $0.822, \mathrm{P}=0.7575>0.05$.

Values of Height, Weight, FEV1, FVC, FEV1/FVC ratio for Boys

| S. <br> NO | Age | Height <br> $(\mathrm{cm})$ | Weight <br> $(\mathrm{kg})$ | PEV1 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | FEV 1/FVC <br> Ratio |  |  |
| 1 | 22 | 171 | 73 | 3.62036 | 4.399174 | 0.822963 |
| 2 | 23 | 167 | 68 | 3.436555 | 4.181852 | 0.821778 |
| 3 | 21 | 161 | 84 | 3.248732 | 3.953193 | 0.821799 |
| 4 | 21 | 174 | 77 | 3.764491 | 4.569118 | 0.823899 |
| 5 | 22 | 176 | 70 | 3.818729 | 4.636069 | 0.8237 |
| 6 | 20 | 168 | 72 | 3.551558 | 4.312652 | 0.823521 |
| 7 | 21 | 172 | 70 | 3.685144 | 4.47436 | 0.823614 |
| 8 | 24 | 167 | 73 | 3.411445 | 4.154045 | 0.821234 |
| 9 | 18 | 165 | 70 | 3.482757 | 4.226129 | 0.824101 |
| 10 | 24 | 170 | 112 | 3.530466 | 4.296182 | 0.821768 |

Values of Height, Weight, FEV1, FVC, FEV1/FVC ratio for Girls

| S. <br> No. | Age | Height (cm) | Weight (kg) | Pulmonary Function |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | FEV1 | FVC | FEV1/FVC <br> Ratio |
| 1 | 21 | 161 | 53 | 3.248732 | 3.953193 | 0.821799 |
| 2 | 21 | 168 | 71 | 3.526448 | 4.284845 | 0.823005 |
| 3 | 21 | 168 | 72 | 3.526448 | 4.284845 | 0.823005 |
| 4 | 19 | 161 | 67 | 3.298952 | 4.008807 | 0.822926 |
| 5 | 22 | 152 | 67 | 2.866558 | 3.498976 | 0.819256 |
| 6 | 21 | 168 | 57 | 3.526448 | 4.284845 | 0.823005 |
| 7 | 21 | 168 | 60 | 3.526448 | 4.284845 | 0.823005 |
| 8 | 22 | 173 | 70 | 3.699707 | 4.493932 | 0.823267 |
| 9 | 21 | 168 | 58 | 3.526448 | 4.284845 | 0.823005 |
| 10 | 21 | 154 | 61 | 2.971015 | 3.621541 | 0.820373 |


| Mean values for boys and girls |  |  |  |
| :---: | :---: | :---: | :---: |
| S. NO |  | BOYS ( $\mathrm{n}=10$ ) | GIRLS ( $\mathrm{n}=10$ ) |
| 1 | HEIGHT | 1.691 | 1.641 |
| 2 | WEIGHT | 76.9 | 63.6 |
| 3 | AGE | 21.6 | 21 |
| 4 | FEV1 | 3.555 | 3.371 |
| 5 | FVC | 4.3203 | 4.1001 |
| 6 | FEV1/FVC RATIO | 0.823 | 0.822 |



Mean value for FVC between boys and girls


Mean value for $\mathrm{FEV}_{1} / \mathrm{FVC}$ ratio between boys and girls


## 2. Results

The result shows that the FEV1, FVC and FEV1/FVC ratio are normal on abdominal Obesity subjects. But however, the mean values for boys is slightly higher than girls. Therefore, we conclude that pulmonary function may seen higher for boys than girls. Anyway, further studies may be needed for the Spirometric Reference Formula.

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## References

[1] WHO: "Obesity and overweight Fact sheet $\mathrm{N}^{\circ} 311$ " January 2015. Retrieved 2 February 2016.
[2] Haslam DW, James WP (October 2005): "Obesity". Lancet (Review). 366 (9492): 1197-209. DOI: 10.1016/S0140-6736 (05) 674831. PMID 16198769. S2CID 208791491
[3] Vamsi Krishna Undavalli *, Satyanarayana Chowdary Ponnaganti, Hanumanth Narni (2018): Prevalence of generalized and abdominal obesity:

India's big problemDOI: http: //dx. doi. org/10.18203/2394-6040. ijcmph20180984
[4] Yvon F Cormier, James Dosman El at (2007): waist circumference is associated with pulmonary function in obese subjects. The American Journal of Clinical Nutrition, Volume 85, Issue 1, January 2007, Pages 35-39, https: //doi. org/10.1093/ajcn/85.1.35.
[5] Miller MR, Hankinson J, Brusasco V, et al: Standardization of Spirometric. Eur Respir J 2005; 26: 319-338.
[6] Quanjer PH, Stanojevic S, Cole TJ, et al. Multiethnic reference values for Spirometric for the 3-95 year age range: the Global Lung Function 2012 equations. Eur Respir J 2012;
[7] Rosenthal M, Bain SH, Cramer D, et al. Lung function in white children aged 4-19 years: I Spirometric. Thorax 1993; 48: 794-802.
[8] Quanjer PhH, Borsboom GJJM, Brunekreef B, et al. Spirometric reference values for white European children and adolescents: Polgar revisited. Pediatr Pulmonol 1995; 19: 135-142.
[9] Falaschetti E, Laiho J, Primatesta P, et al. Prediction equations for normal and low lung function from the Health Survey for England. Eur Respir J 2004; 23: 456-463.
[10] Brener ND, McManus T, Galuska DA, et al. Reliability and validity of self-reported height and weight among high school students. J Adolesc Health 2003; 32: 281-287.

